Best Available Copy

1	MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET .								065 NT(S)	37	<u>8 </u>	<u> </u>		
		FEE C.	ALCUL <i>A</i> SE WITH	ATION S FORM P	SHEET TO-875)	•		APPLICA	NT(S)					
		1- 011 0		- 010.11	10010)		CLAIMS	<u> </u>	_					
	AS	AS FILED		AFTER 1st AMENDMENT		AFTFR			•				•	
	IND.	DEP.	IND.	DEP.	INĐ.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
11								51						
2		1					1	52						
3	+	┼-}	 			_	∤	53					ļ	
5	}	++-	 				}	54				ļ		
6	+	++-	 	-			 	55 56						
7	1	 	 				-	57						
8	1						-	58						
9								59						
10								60						
11								61			,			
12	<u> </u>	_						62						
13	1						_	63						
14		 					-	64						
15 16		 					\vdash	65 66						
17	<u> </u>						H	67			-			
18							<u> </u>	68						
19								69						
20								70						
21	ļ							71						
22 23							L	72						
24	├						-	73	-+					
25							-	74 75				-		
26							F	76			-	\dashv		
27								77		 -				
28								78						
29								79						
30 31							<u> </u>	80						
32							-	81						
33							-	82						
34							-	84						
35								85			-			
36								86						
37								87						<u> </u>
38								88						
- 39 40							<u> </u>	89						
41							\vdash	90						
42							-	92						
43							-	93						
44								94						
45								95						
46								96						
47					-+		-	97						
49	<u></u>						-	98						
50								100	-+					
TOTAL IND.	3	,					ТО	TAL	-+	-		_	-+	
TOTAL	10	-		┛┞		ا لـ	TO	TAL		⊦ لي		╸╸		▗▗
TOTAL	13		T		Т		DE	P.	····				- T	
PTO-1360							CL	AIMS		1				لــــــ
1300	. 13-70)		•,	MAY BE L	ISED FOR	ADDITIO	ONAL CLA	AIMS OR	AMEND:	MENTS	U.S. DEP.	ARTMENT	r of COMN	4ERCE